

## Application Data Sheet

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Continuation-in-Part  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R? None  
Title:: Arterial Prosthesis  
Attorney Docket Number:: 1033-108.US  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 2  
Small Entity:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: Latvia  
Status:: Full Capacity  
Given Name:: Viktoria  
Middle Name::  
Family Name:: KANTSEVITCHA  
City of Residence:: Riga  
State or Province of Residence::  
Country of Residence:: Latvia  
Street of mailing address:: Lokomotives Iela 72 - 30,

City of mailing address:: LV-1057 Riga  
State or Province of mailing address::  
Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor  
Primary Citizenship Country: Latvia  
Status:: Full Capacity  
Given Name:: Eriks

Middle Name::  
Family Name:: MASTEIKO  
City of Residence:: Riga  
State or Province of Residence::  
Country of Residence:: Latvia  
Street of mailing address:: Lacu Iela 10b,  
City of mailing address:: LV-2010 Jurmala  
State or Province of mailing address::  
Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor  
Primary Citizenship Country: Latvia  
Status:: Full Capacity  
Given Name:: Leonids  
Middle Name::  
Family Name:: RIBICKIS  
City of Residence:: Riga  
State or Province of Residence::  
Country of Residence:: Latvia  
Street of mailing address:: Dzirnavu Iela 74/76 - 51,  
City of mailing address:: LV-1011 Riga  
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**Correspondence Information**

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**Representative Information**

Representative Designation::	Registration number::	Name::
Primary	32393	Colin P. Abrahams

Representative Customer Number::	023390
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**Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	CIP	10/204,009	August 15, 2002

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Latvia	P-00-21	02/16/00	Yes

**Assignment Information**

Assignee name::